RECEIVED

completed.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION OMB APPROVAL

OMB Number: 3235-0076

Expires: April, 2008

Estimated average burden hours per response... 16.00



Name of Offering ( check if			and indicate chan	ge.)	
Remoc Development, LLC 2006	6 Class B Membership Interest (				,
Filing Under (Check box(es)		[ ] <u>Kule 505</u>	[X] <u>Kule 506</u>	[ ] Section 4(6)	[ ] ULUE
Type of Filing: [X] New Filing					
		DENTIFICATION D	ATA		
i. Enter the information reque	ested about the issuer				
Name of Issuer (☐check if th	is is an amendment and nan	ne has changed an	d indicate change	2	and the second s
Remoc Development, LLC	is is an amendment and han	ie nas changed, an	id mulcate change	z.)	
Address of Executive Offices	(Number and Street, City, 5	State Zin Code) I	elephone Numbe	r (Including Area Co	ode)
44 E. Mifflin Street, Suite 800, I			0.00.0000000000000000000000000000000000	. (	
Address of Principal Business			p Code) i elepnoi	ne Number (Includir	g Area Code)
(if different from Executive Of		•	,	·	•
				Anna (1971)	
Brief Description of Business					5000 Land Land Land Land Land Land Land Land
Development of Condominium					
Type of Business Organization	'n			***************************************	encontroller in Necessaria de Navel Constituta de Navel de La Constituta d
[ ] corporation	[ ] limited partnership	already formed	[X] o	ther (please specify	١٠
'		•	[/] 0	Limited Liability C	
[ ] business trust	[ ] limited partnership	, to be formed			
					「ゴシンコンン」
		Month Yea			
		Month Yea	ar .	MI	FED 0 1 2008
Actual or Estimated Date of I	ncorporation or [1] [2]	[0] [5]		[X] Actual [ ] Estir	
Organization:					THOMSON
Jurisdiction of Incorporation of					FINANCIAI
	CN for Canada; F	N for other foreign	jurisdiction) [	][]	a 31.1" A 1616AF
GENERAL INSTRUCTIONS				ner Carlangenhar meter de management de meter de management per participat e per	
Federal:					
Who Must File: All issuers ma	aking an offering of securities	in reliance on an e	exemption under f	Regulation D or Sec	tion 4(6), 17
CFR 230.501 et seg. or 15 U	.S.C. 77d(6).		-		
When to File: A notice must be with the U.S. Securities and E	be filed no later than 15 days	after the first sale o	of securities in the	offering. A notice is	deemed filed
given below or, if received at	that address after the date of	n which it is due, or	the date it is received the	nailed by United Sta	e augress ites registered
or certified mail to that address	\$S.	in william to add, or	r ino dato it was r	nanca by onked ok	noo rogiotoroa
Where to File: U.S. Securities	s and Exchange Commission	, 450 Fifth Street, N	I.W., Washington	, D.C. 20549.	
Copies Required: Five (5) co	pies of this notice must be file	ed with the SEC, or	ne of which must b	be manually signed.	Any copies
not manually signed must be Information Required: A new	filing must contain all inform:	ation requested. An	peu or printeu sig pendments need i	natures.	of the issuer
and offering, any changes the	ereto, the information request	ted in Part C. and a	ny material chang	es from the informa	ation
previously supplied in Parts A	and B. Part E and the Appe	ndix need not be fil	ed with the SEC.	,	
Filing Fee: There is no federa	al filing fee.				
State:	a diamen maliamen amada a 11-16-y	and limited Officials	Franchisca (1910)	T) for a lea of a	illiaa in Alanaa
This notice shall be used to in states that have adopted ULC	nuicate reliance on the Unifor	in Limited Offering	Exemption (ULO	t file a senarate not	rice with the
Securities Administrator in ea	och state where sales are to b	a romi. Issuers rery se, or have been m	ade. If a state rec	uires the payment of	it a fee as a
precondition to the claim for t	the exemption, a fee in the pr	oper amount shall a	accompany this fo	orm. This notice sha	ll be filed in
the appropriate states in acco	ordance with state law. The A	ppendix in the notice	ce constitutes a p	art of this notice and	d must be

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption predicated on the filing of a federal notice

## A. BASIC IDENTIFICATION DATA

#### 2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Cneck Box(es) that Apply:	[ ] Promoter [X]	Beneticial Owner	[X]	Executive Officer [ ]	Director [X]	General and/or Managing Partner
Comer, Joseph	~					
Full Name (Last name first, in	,					
44 E. Mifflin Street, Suite 800, Business or Residence Addr						
Business of Residence Addi	ess (Number and Su	eet, City, State	, zip c	Jode)		
Check Box(es) that Apply:	Promoter  X	Reneticial		Executive Officer	Director I I	General and/or
	.,	Owner				Managing Partner
Chvala, John						0 0
Full Name (Last name first, ii	t individual)					
44 E. Mifflin Street, Suite 800,						
Business or Residence Adar	ess (Number and St	eet, City, State	, Zip (	Jode)	ya 1960 ni <mark>144</mark> yili dikili daki dakika mirana kuru mu <sub>da m</sub> aya yayan iladiga yayan <del>yaka</del> a suwana	new younger commencer and commencer of the commencer of t
Check Box(es) that Apply:	i i Promotor i i	Beneticial	ann parail parail	Executive Officer	Target at the	General and/or
Check Box(es) that Apply.	[] FIGHORE []	Owner	IJ	Executive Officer [ ]	Director [ ]	Managing Partner
		Owner				Managing Faither
Full Name (Last name first, i	t individual)		STATE OF THE STATE			
•	,					
Business or Residence Addr	ess (Number and St	eet, City, State	, Zip (	Joae)		
		-				***************************************
Cneck Box(es) that Apply:	[ ] Promoter [ ]	Beneficial	[ ]	Executive Onicer [ ]	Director [ ]	General and/or
		Owner				Managing Partner
Full Name (Last name first, i	t individual)				A Constitution of the Cons	
Tan Hamo (Last Hamo mot, 1	, marriadar)					
Business or Residence Addr	ess (Number and St	reet, Uity, State	, Zip (	Soae)	er en	ago aphiliament de como filar calaba como filar de como filar calaba de como filar de como filar calaba de como fi
Cneck Box(es) that Apply:	[ ] Promoter [ ]	Reueticiai	l J	Executive Onicer [ ]	Director [ ]	General and/or
		Owner				Managing Partner
	+ iodividual)		ena vicuoscocco			
Full Name (Last name first, i	i iliulviduai)					
Business or Residence Addr	ess (Number and St	eet, City, State	Zip (	Zode)		
	,	,,,	, — -	,		
Cneck Box(es) that Apply:	[ ] Promoter [ ]	Beneticial		Executive Officer [ ]	Director [ ]	General and/or
		Owner				Managing Partner
Full Name (Last name first, I	findividual)	X. (2)				and the second s
Business or Residence Addr	ess (Number and St	reet, City, State	, Zip C	Sode)		
Check Box(es) that Apply:	I I Promoter I I	Beneficial		Executive Officer	Director   1	General and/or
Chook Box(ob) mar, ppiy.	[ ] Tromotor [ ]	Owner	LJ	Excounte emeci [ ]	2 00.01 [ ]	Managing Partner
						gg.
Full Name (Last name first, i	t individual)		00.000000000000000000000000000000000000	9277 7000 800 7000 300 300 300 300 300 300 300 300	and and the second of the seco	<ol> <li>Ködnisterne danadabbininana mandansyakerasa</li> </ol>
Business or Residence Addr	ess (Number and St	reet, City, State	, Zīp (	Code)	den din menerali meni den del den seri di perden di semana den menirali menerali del menerali del menerali del	
			on the second			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				В.	INFORM.	ATION A	BOUT OF	ERING				
1. Has	the issuer	sold, or d	loes the is		id to sell, t also in Ap					ng?	Yes [ ]	No [X]
2. Wha	t is the mi	nimum inv	estment t								\$ <u>100,000</u>	A I a
	s the offer	•	•	•	•						Yes [X]	No [ ]
indirect of secu register five (5)	er the informally, any contribution in the contribution in the contribution in the contribution for the contributi	mmission e offering. e SEC an o be listed	or similar If a perso d/or with a	remunera on to be lis a state or ciated per	tion for so sted is an a states, list	licitation of associated the name	of purchase d person o of the bro	ers in con r agent of ker or dea	nection wi a broker o aler. If mo	th sales or dealer re than		
	me (Last i	name tirst	, it individi	iai)							Accessed and advantage of a control of the control	
Not app	licable ss or Resi	dence Ad	dress (Niii	mber and	Street Cit	v State	(in Liode)					
					Olleet, Oll	iy, Otate, z	ip Gode)					-
Name (	ot Associa	ted Broke	r or Deale	r	V			200000				
	in vvnich i "All State						urcnasers		***************************************	<u>г</u>	All States	
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
rull Na	me (Last i	name tirst	, it inaiviai	uai)								
Busine	ss or Resi	aence Aa	aress (Nü	mber and	Street, Ci	ty, State, 2	Lip Code)					
Name o	or Associa	tea Broke	r or Deale	r		an a						
	in vynich i					o Solicit P	urcnasers		general la coloren est dans en	. 27 . 28 P 0. 22 P 00 100 000 (Quip) 195 492.		
(Cneck	"All State	s" or ched	k inaiviau	ai States)						i J	All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[11.]	TIND		וצפו	ルンコ	[1 A 1]	(MAIL)	[MD]	IMAT	[LV4]	IMMI	IMEL	
[MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[МI] [ОН]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[MT]		[IA]										[MO]
[MT] [RI]	[NE]	[IA] [NV] [SD]	[NH] [TN]	[NJ] [TX]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[MO] [PA]
[MT] [RI] Fuil Na	[NE] [SC]	[IA] [NV] [SD]	[NH] [TN] , it inaiviai	(EXT)	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND]	[OH]	[OK]	[OR]	[MO] [PA]
Busine	[NĒ] [SC] ime (Last i	[IA] [NV] [SD] name tirst	[NH] [TN] , ir inaivial aress (Nu	[NJ] [TX] ual) mber and	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND]	[OH]	[OK]	[OR]	[MO] [PA]
[MT] [RI] Full Na Busine Name (	[NÉ] [SC] me (Last i ss or Resi or Associa	[IA] [NV] [SD] name first dence Ad ted Broke	[NH] [TN] , it individuates (Nu	[NJ] [TX] Jai) mber and	[NM] [UT] Street, Ci	[NY] [VT]	[NC] [VA] 	[ND] [WA]	[OH]	[OK]	[OR]	[MO] [PA]
MT] [RI] Full Na Busine Name ( States	[NÉ] [SC] ime (Last i	[IA] [NV] [SD] name first dence Ad ted Broke	[NH] [TN] , ir individuates (Nuares (Nuare) ir or Deale	[NJ] [TX]  Jai)  mber and  r  collicited of	[NM] [UT] Street, Ci	[NY] [VT]	[NC] [VA] 	[ND] [WA]	[OH]	[OK] [WI]	[OR]	[MO] [PA]
MT] [RI] Full Na Busine Name ( States (Check	[NÉ] [SC] me (Last in the control of Association with the control of Association with the control of the contro	[IA] [NV] [SD] name first dence Ad ted Broke Person Lis s" or chec	[NH] [TN] , ir individuates (Nuares (Nuare) ir or Deale	[NJ] [TX]  Jai)  mber and  ir  collicited of all States)	[NM] [UT] Street, Ci	[NY] [VT]  ry, State, A	[NC] [VA] 	[ND] [WA]	įοή) [WV]	[OK] [WI]	[OR] [WY]  All States	[MÓ] [PA] [PR]
[MT] [RI] Full Na Busine Name (	[NÉ] [SC] me (Last i ss or Resi or Associa	[IA] [NV] [SD] name tirst dence Ad ted Broke	[NH] [TN] , ir individuates aress (Nu ir or Deale sted Has S ck individu	[NJ] [TX]  Jai)  mber and  r  collicited of	[NM] [UT] Street, Ci	[NY] [VT]	[NC] [VA] 	[ND] [WA]	[OH]	[OK] [WI]	[OR] [WY]	[MO] [PA]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
Type of Security Debt		regate ng Price 0	Amo	ount Already Sold 0
Equity	·	0	\$	0
[ ] Common [ ] Preferred				
Convertible Securities (including warrants)	\$	0	\$	0
Partnership Interests	\$	0	\$	0
Other (Specify: Class B Membership Interest Units)			\$	0
TotalAnswer also in Appendix, Column 3, if filing under ULOE.	\$	0	\$	0
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors  Non-accredited Investors  Total (for filings under Rule 504 only).		Investors 0 0 N/A		gate Amount chases 0 0 N/A
Answer also in Appendix, Column 4, if filing under ULOE.  3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
Type of offering Rule 505 Regulation A Rule 504 Total		N/A N/A N/A N/A	Dollar Sold \$ \$ \$	Amount  N/A  N/A  N/A  N/A  N/A
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the				-

\$20,000

\$20,000

 Legal Fees
 [X]

 Accounting Fees
 []

 Engineering Fees
 []

 Sales Commissions (specify finders' fees separately)
 []

 Other Expenses (identify)
 []

 Total
 [X]

estimate.

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	\$ <u>2,4</u> 8	30,000
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.		
Salaries and fees	Payments to Officers, Directors, & Affiliates	Payments To Others [X] \$35,000
Purchase of real estate	L J *	[X] \$ <u>1,000,000</u>
Purchase, rental or leasing and installation of machinery		
and equipment	[X] \$ <u>100,000</u>	_[]\$0
Construction or leasing of plant buildings and facilities	[]\$0	[X] \$ <u>75,000</u>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[X] \$20,000 [] \$0	[]\$ <u>0</u> []\$ <u>0</u> [X]\$500,000
\$25,000; Website/marketing materials \$50,000; Advertising \$145,000	[X] \$ <u>90,000</u>	[X] \$ <u>660,000</u>
Column Totals Total Payments Listed (column totals added)	[X] \$ <u>210,000</u> [X] \$ <u>2,480,0</u>	[X] \$ <u>2,270,000</u> 00
D. FEDERAL SIGNATURE		decrease and response to
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities a Commission, upon written request of its staff, the information furnished by the issuer to any non-accreparagraph (b)(2) of Rule 502.	and Exchange	
Issuer (Print or Type)  Remoc Development, LLC  Signature  Date	11-05-06	manufel de la reconstruit de l
Name of Signer (Print or Type)  Joseph Comer  Title of Signer (Print or Type)  Manager and President		

# ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes []	No [X]
See Appendix, Column 5, for state response.  2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this not	ica is fil	ed a
notice on Form D (17 CFR 239,500) at such times as required by state law.	ICC 13 III	cu, a
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, inform	nation fo	urnished
by the issuer to offerees.		
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be expression of the conditions that must be satisfied to be expression.		
Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the iss	uer clai	ming the
availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be significant.	aned or	ite hahal
by the undersigned duly authorized person.	gri <del>c</del> u on	ilo Dellai
by the undersigned daily authorized person.		
Issuer (Print or Type) Signature Date		
Remoc Development, LLC	-06	
Name of Signer (Print or Type)		
Joseph Comer // // Manager and President		

#### Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## **APPENDIX**

11	2 3 4							5	
	Intend to non-a investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
				Number of Accredited		Number of Non-Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
со									
СТ									
DE									
DC									
FL									
GA									
Н									
ID									
ΙL		Х	Class B Membership Units	0	0	0	0		Х
IN									
IA									
KS									
KY									
LA									
ME	Na destruitado de la constante								
MD						A Late			
МА									
MI									
MN									

MS				2000				
МО								
MT								
NE								
NV								
NH								
NJ								
NM					The state of the s			
NY								
NC								
ND								
ОН								
ок								
OR								
РΑ								
RI								
sc								
SD								
TN								
TX								
UT								
VT								
VA								
WA								
WV		4.44						
WI	Х	Class B Membership Units	0	0	0	0		Х
WY							-	
PR								

G:\Q-R\Remoc\docs\Form D.doc